

Rhode Island Department of Elementary and Secondary Education
Office of Instruction, Assessment, and Curriculum
RI Department of Education, 255 Westminster St. Room 400, Providence, RI 02903

**FY 2015 Rhode Island Pre-Kindergarten Program
General Application**

Organization/Entity Name	
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CONTACT INFORMATION	NAME AND ADDRESS OF AUTHORIZED OFFICIAL (Include Street, City, State, Zip Code)	Title
		Phone Fax
		E-mail
	NAME AND ADDRESS OF BUDGET PERSON (Include Street, City, State, Zip Code)	Title
		Phone Fax
		E-mail
	NAME AND ADDRESS OF CONTACT PERSON (Include Street, City, State, Zip Code)	Title
		Phone Fax
		E-mail

TYPE OF ORGANIZATION (Check All That Apply)

Licensed Child Care Center	<input type="checkbox"/>
Head Start Program	<input type="checkbox"/>
Public PK-12 School	<input type="checkbox"/>
Charter School	<input type="checkbox"/>
Independent Private School	<input type="checkbox"/>

TAX STATUS

Non-Profit	<input type="checkbox"/>
For-Profit	<input type="checkbox"/>
Public School	<input type="checkbox"/>

Is this a joint application (an application from multiple agencies with a lead fiscal agent and subcontracts)?
☐ yes ☐ no

If yes, please indicate the number of entities in joint application: _____

In addition, please fill out the joint application section at the end of this application.

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Background Information About Your Existing Early Childhood Education Program

Please provide the information requested below for all preschool classrooms that you currently operate.

Number of sites where you are currently operating preschool classrooms (programs for children age 3 and 4)	
Please list the cities and towns where you are currently operating preschool programs (programs for children age 3 and 4)	
Please provide your total licensed capacity for preschool classrooms	
Provide your total year-end enrollment (enrollment for June 2013) for all preschool classrooms	
What are your current hours of operation? (e.g. days/week, hours/day and days/year)	

Which of the following apply to your current program?

<input type="checkbox"/>	An application has been submitted to BrightStars, Rhode Island's Quality Rating System.
<input type="checkbox"/>	Our agency has received a BrightStars rating. (Rating:)
<input type="checkbox"/>	Our agency is not participating in BrightStars.
<input type="checkbox"/>	An application has been submitted for NAEYC Accreditation.
<input type="checkbox"/>	Our agency has received NAEYC Accreditation (Dates Expires:)
<input type="checkbox"/>	An application has been submitted for RIDE Approval as a Comprehensive Early Childhood Education Program
<input type="checkbox"/>	Our agency has received RIDE Approval as a Comprehensive Early Childhood Education Program
<input type="checkbox"/>	Our agency did not achieve RIDE Approval as a Comprehensive Early Childhood Education Program
<input type="checkbox"/>	Our agency has not applied for RIDE Approval as a Comprehensive Early Childhood Education Program

Information About The Location Where You Intend to Operate the RI Pre-Kindergarten Program Classroom(s)

Anticipated Address of Proposed RI Pre-Kindergarten Program Classroom	
Brief description of neighborhood(s) and availability of public transit where the RI Pre-Kindergarten Program classroom will be located.	
Planned Date for Prospective Family Open House (must be between July 9, 2014 and July 30, 2014)	

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Please provide the information requested below for all infant, toddler, preschool and kindergarten classrooms located in the facility where you intend to operate the RI Pre-Kindergarten Program classroom(s).

Classroom #	Ages Served (infant, toddler, preschool and kindergarten)	Licensed Capacity	Current Avg. Daily Enrollment	Staff: child ratio	Lead teacher (include education level and years of experience)

Please provide student demographics for all infant, toddler, preschool and kindergarten classrooms located in the facility where you intend to operate the RI Pre-Kindergarten Program classroom(s).

	#	%
White (non-hispanic)		
Black (non-hispanic)		
Hispanic		
Asian/Pacific Islander		
Native American/Alaskan		
Other		
Unknown		
Total		

	#	%
Students eligible for Free and Reduced Lunch		
Students receiving a DHS Child Care Assistance Subsidy		
Students with IFSP/IEPs		

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Joint Applications

Joint applications for funds may be submitted. The lead agency chief administrative officer who will retain fiduciary and other administrative responsibilities for the grant must be designated and indicated in the application. The joint application, if funded, will require the signature on the contract of the official authorized to administer the program for each entity.

Enter the information requested for each participating entity/school district.	
ORGANIZATION/SCHOOL DISTRICT	SIGNATURE OF AUTHORIZED OFFICIAL
Organization/School District Name	
City	
Organization/School District Name	
City	
Organization/School District Name	
City	
Organization/School District Name	
City	

The authorized official from the lead fiscal agency must sign both the application and the contract. This person must also be listed as the “AUTHORIZED OFFICIAL” in the Contact Information section of this form.

LEAD FISCAL AGENCY	SIGNATURE OF AUTHORIZED OFFICIAL
Organization/School District Name	
City	

Briefly describe the goals and objectives of the collaboration, the role of each partner and the experience of each partner in providing similar services.